

02.16-05

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

Neal L. Slifkin, Fumio Suzuki and Kiichi Takase

Application No.: 09/833,884

Group No.: 2838

Filed: 04/12/2001

Examiner: Luk

For: CHARGING APPARATUS, CHARGING METHOD, CHARGING SYSTEM, AND RECORDING MEDIUM ONTO WHICH IS RECORDED A CHARGING METHOD

Mail Stop Amendment **Commissioner for Patents** P.O. Box 1450 Alexandria, VA 22313-1450

AMENDMENT TRANSMITTAL

1. Transmitted herewith is an amendment for this application.

STATUS

2. Applicant is a small entity. A statement was already filed.

EXTENSION OF TERM

3. The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply. Applicant petitions for an extension of time under 37 C.F.R. 1.136 (fees: 37 C.F.R. 1.17(a)(1)-(4)) for one month:

CERTIFICATION UNDER 37 C.F.R. §§ 1.8(a) and 1.10*

(When using Express Mail, the Express Mail label number is mandatory; Express Mail certification is optional.)

I hereby certify that, on the date shown below, this correspondence is being:

MAILING

deposited with the United States Postal Service in an envelope addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

37 C.F.R. § 1.8(a)

37 C.F.R. § 1.104

with sufficient postage as first class mail.

Date: February 17, 2005

26as "Express Mail Post Office to Addressee Mailing Label No. 244 6819 281 25

(mandatory)

TRANSMISSION

☐ facsimile transmitted to the Patent and Trademark Office, (703)

* Only the date of filing (§ 1.6) will be the date used in a patent term adjustment calculation, although the date on any certificate of mailing or transmission under § 1.8 continues to be taken into account in determining timeliness. See § 1.703(f). Consider "Express Mail East Office to Addressee" (§ 1.10) or facsimile transmission (§ 1.6(d)) for the reply to be accorded the earliest possible filing date for patent term adjustment calculations.

Amendment Transmitta Spage 1 of 2

Fee: \$60.00

FEE FOR CLAIMS

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

| | (Col. 1) | (C | ol. 2) | (Co | ol. 3) | | | SMALL ENTITY | | | |
|---|---|---------------------------------|--------|------------------|--------|------|----|--------------------|---------------|----|--------|
| | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST NO. PREVIOUSLY PAID FOR | | PRESENT EXTRA | | RATE | | | ADDIT. FEE | | |
| TOTAL | 89 | | 95 | = | 0 | _х | \$ | 25.00 | - | \$ | 0.00 |
| INDEP. | 10 | | 7 | = | 3 | х | \$ | 100.00 | = | \$ | 300.00 |
| FIRST PRESENTATION OF MULTIPLE DEP. CLAIM | | | | | IM | + | \$ | 0.00 | | \$ | 0.00 |
| | | , | | | | | Al | TOTAL DDIT, FEE | | \$ | 300.00 |

Total additional fee for claims required \$300.00

FEE PAYMENT

5. Attached is a check in the sum of \$360.00.

Charge any additional fees required by this paper or credit any overpayment in the manner authorized above.

A duplicate of this paper is attached.

FEE DEFICIENCY

6. If an additional extension and/or fee is required, charge Account No. 08-0865.

If an additional fee for claims is required, charge Account No. 08-0865.

Date:

Reg. No.: 34,018

Tel. No.: 585-419-8636

Signature of Practitioner

Neal L. Slifkin

HARRIS BEACH LLP

99 Garnsey Road

Pittsford, NY 14534

Application or Docket Number PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2003 **CLAIMS AS FILED - PART I SMALL ENTITY** OTHER THAN (Column 1) (Column 2) TYPE SMALL ENTITY OR **TOTAL CLAIMS** RATE FEE RATE FEE FOR BASIC FEE 385.00 BASIC FEE 770.00 NUMBER FILED NUMBER EXTRA ÖR **TOTAL CHARGEABLE CLAIMS** rninus 20= XS 9= XS18= OR INDEPENDENT CLAIMS minus 3 =X43= X88= OR MULTIPLE DEPENDENT CLAIM PRESENT +145= **-39**0= OR * If the difference in column 1 is less than zero, enter "0" in column 2 TOTAL OR TOTAL **CLAIMS AS AMENDED - PART II** OTHER THAN SMALL ENTITY OR **SMALL ENTITY** (Column 1) (Column 3) (Column 2) CLAIMS HIGHEST ADDI-ADDI-REMAINING NUMBER PRESENT TIONAL TIONAL RATE RATE AMENDMENT AFTER . **PREVIOUSLY EXTRA** FEE FEE **AMENDMENT** PAID FOR O Total Minus 95 X\$ 9= X\$18= OR Independent Minus ス 500 JOR X86= FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +390= +145= OR TOTAL 300.dor ADDIT. FEE ADDIT. FEE (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST ADDI-ADDI-REMAINING NUMBER PRESENT TIONAL RATE TIONAL RATE ENDMENT **AFTER PREVIOUSLY EXTRA** FEE **AMENDMENT** PAID FOR FEE Total Minus X\$18= X\$ 9= OR Independent Minus X86= X43= OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +290= +145= OR TOTAL TOTAL ÖR ADDIT. FEE ADDIT. FEE (Column 4) ADDI-ADDI-RATE TIONAL TIONAL RATE FEE FEE

| 4 | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | | | |
|------|--|---|-------|---|------------------|--|--|--|
| MEND | Independent | * | Minus | *** | = | | | |
| | Total | • | Minus | ** | = | | | |
| MENT | | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA | | | |
| | | (Column 1) | | (Column 2) | (Column 3) | | | |

| ٩ | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | 740- | OR | 700- |
|---|---|---------------------|----|---------------|
| | | +145= | OR | -30 0= |
| | If the entry in column 1 is less than the entry in column 2, write "0" in column 3. If the "Highest Number Previously Pald For" IN THIS SPACE is less than 20, enter "20." | TOTAL ADDIT, FEE | OR | ADDIT, F |

"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

OR

X\$ 9=

X\$18=